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MCH PROGRAM DESCRIPTION

Tajikistan



Overall MCH and health sector situation

Despite economic progress and increased political stability, life does not seem to be dramatically improving for the average Tajik. The country is still trying to recover from the civil war and overcome the poverty of the majority of the people without any substantial natural resources. The significant poverty in the country is reflected by high mortality rates among infants (72 per 1,000 live births) and children under 5 (79 per 1,000 live births). While these rates have declined in the last 10 years, improvements for Tajikistan have not matched those observed in the rest of the region.

Factors affecting this critical situation are multifaceted and can be divided into three major categories: poor care during pregnancy and delivery, poor child health care, and inadequate nutrition, water, and hygiene. However, all of the contributors to child mortality can be attributed to poor systems for providing services to the people of Tajikistan, with little government investment into improving them. The government contributes only 2 percent of its

annual budget to health care, which leaves the financial burden mostly on the shoulders of individuals, with some contributions coming from international organizations. Tajikistan spends just \$12 per capita on health care, one of the lowest rates in the world.

A study conducted by the Netherlands School of Public and Occupational Health in 2006 found Tajikistan to be among the “risky places to be pregnant and to have a child.” The study found that women and their families have inadequate knowledge of reproductive health, danger signs during pregnancy, or appropriate prenatal, postnatal, and delivery care. It was also determined that service providers do not create a safe environment for women in labor and lack important basic skills to properly manage deliveries. They work in settings that lack basic equipment, instruments, and hygiene. USAID has found other factors affecting infant mortality in Tajikistan to be the lack of access to proper antenatal and postnatal care and frequent complications in pregnancy resulting from poor nutrition. A high rate of home births assisted by untrained birth attendants, especially in rural areas, is another element affecting child survival.

High rates of child mortality and morbidity result in part from a lack of basic health knowledge among Tajik communities, resulting in inadequate early recognition of the danger signs of childhood illnesses by parents. However, even when care is sought, practitioners are often unable to follow appropriate guidelines, due to a lack of quality training. The practice of exclusive breastfeeding is not widespread, and this is a factor in inadequate childhood health and development. Anemia rates among children under 5 and women are high. A disturbing recent development is that as a result of the emergency situation in Tajikistan over the last year with an energy crisis and food shortages, child and infant mortality appear to be increasing. Child and infant deaths recorded by the MOH for the first quarter of 2008 exceeded deaths for the entire year in 2007.

Chronic and severe malnutrition is also a major contributor to poor child health. Tajikistan has the highest child malnutrition rates in the region. Poor food rations and water-borne diarrheal diseases, aggravated by inappropriate child care practices, are the main causes of child malnutrition in Tajikistan. Although Tajikistan has the greatest water

resources in the region, limited access to clean water and a high prevalence of water-borne diseases constitute a major public health problem. Almost all regions of the country regularly experience outbreaks of typhoid, diarrhea, or hepatitis. Diarrheal diseases are a leading cause of child death in Tajikistan, with 28 percent of young children relying on surface water, exposing them to the risk of waterborne diseases. Lack of potable water and nonobservance of basic hygiene practices due to lack of knowledge and means cause diarrheal diseases among children and lead to malnutrition.

MCH interventions at the Mission level

USAID's program currently focuses on birth preparedness and maternity services, newborn care and treatment, treatment of child illnesses, health systems strengthening, and household water, sanitation, and hygiene improvement. As new programs are currently being designed and procured, population coverage is still being determined. Nutrition has been addressed in the past through Title 2 programs, which are now ending.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

The programs will work to scale up, improve, and institutionalize technical interventions proven to be successful in Tajikistan, while building systems to support their continuing implementation for quality MCH services. Activities will be oriented toward scaling up certain packages of services. The birth package includes SBAs, emergency obstetric care, institutional delivery, postpartum hemorrhage control, AMTSL, oxytocics, basic essential neonatal care, and resuscitation. The postpartum/newborn package includes postpartum visits, basic essential neonatal care, exclusive breastfeeding, detecting/managing infection, low-birth-weight special care, and family planning. The community child health package includes breastfeeding and infant-child feeding promotion, community case management, ORT (with zinc), pneumonia, community management of acute malnutrition, POU water, and sanitation.

Specific actions supported as part of the MCH approach

USAID/CAR is improving maternal, neonatal and child health through a multifaceted approach. The ZdravPlus project is improving the policy, finances, service delivery, and community involvement in the entire health system including MCH. They are ensuring the policies are in place to allow for evidence-based approaches to be adopted and implemented, the financial systems are efficient and focused on providing the basic services for the population, the services provided are of high quality, and the community is knowledgeable and involved in their health care. The quality of care for MCH has improved through provider training, community mobilization, population education, and food supplements.

The USAID program's geographic focus

As new programs are currently being designed and procured, population coverage is still being determined. USAID's ongoing health reform activity covers the entire population of Tajikistan for its financial and health information system reforms. Pilot programs to improve the quality of obstetric and neonatal care cover limited populations in urban centers throughout the country. While former USAID MCH programs have focused on Khatlon oblast, new programs will not be directed to a specific geographic area.

The Mission program's relationship to the country's health sector and development plans and strategies

USAID acknowledges that effective partnerships will be critical for achieving the MCH goals. USAID's principal partner for health reform in Tajikistan is the Government of Tajikistan, particularly the Minister of Health. USAID programs are guided by Tajikistan's national strategies and plans. USAID also actively pursues innovative working relationships with private sector partners to enhance health services in Tajikistan priority countries, recognizing that Administrator Fore has set a target of tripling the number of such partnerships during 2008. MCH programs funded by USAID will be strategically positioned to complement the resources provided by international and local partners including other donors, multilateral organizations, and NGOs operating in Tajikistan.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

USAID/CAR has been very successful in leveraging USG and non-USG resources for health activities in the region. The health systems project benefits all technical areas, particularly MCH. USAID is currently advocating for continuing food assistance to Tajikistan. Additional programs to support safe water are planned for 2010.

Investments and initiatives of other donors and international organizations

The World Bank's \$14 million Community and Basic Health Project supports the Government of Tajikistan to administer a basic package of health benefits and to introduce financing reforms into primary health care. The Asian Development Bank's Health Sector Reform Project aims to improve the management capacity of the health sector and system efficiency through institutional strengthening and reforms, focusing on equitable access for women and children.

Planned results for the Mission's MCH investments over the next 5 years

USAID's investments in MCH over the next 5 years will be oriented toward assisting the government of Tajikistan to achieve its health-related MDGs: to reduce by two thirds, between 1990 and 2015, the U5MR, and to reduce by three quarters, between 1990 and 2015, the MMR.

MCH COUNTRY SUMMARY: TAJIKISTAN	VALUE
MCH FY08 BUDGET	744,000 USD
Country Impact Measures	
Number of births annually*	171,000
Number of under-5 deaths annually	14,000
Neonatal mortality rate (per 1,000 live births)**	38
Infant mortality rate (per 1,000 live births)	72
Under-5 mortality rate (per 1,000 live births)	79
Maternal mortality ratio (per 100,000 live births)	97
Percent of children underweight (moderate/severe)	17%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	77%
Percent of women with at least four antenatal care (ANC) visits	N/A
Percent of women with a skilled attendant at birth	83%
Percent of women receiving postpartum visit within 3 days of birth	N/A
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	61%
Immunization	
Percent of children fully immunized at 1 year of age	71%
Percent of DPT3 coverage	82%
Percent of measles coverage	91%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	48%
Percent of children receiving adequate age-appropriate feeding	16%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	47%
Percent of children under 6 months exclusively breastfed	26%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	58%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	41%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source	70%
Percent of population with access to improved sanitation	94%
<small>* Census International Database ** State of the World's Children Report 2008 (Unless otherwise noted, the data source is the 2005 Multiple Indicators Cluster Survey)</small>	